

POLICY NUMBER
GM 8G 20 54

Issuing Town or City	Date	Previous Number new	Year Risk New 03	New <input checked="" type="checkbox"/>	Renewal <input type="checkbox"/>	Conversion <input type="checkbox"/>
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POLICY NUMBER
GM 8G 20 54Voluntary - 0
Agency Bill
12-pay**Harleysville Worcester Insurance Company**

120 Front Street, Suite 500 • Worcester, MA 01608-1408

ITEM ONE

GARAGE DECLARATIONS - Massachusetts

Named Insured and Mailing Address	Showcase Isuzu Inc. Showcase Nissan Suzuki Inc. 60 MacArthur Blvd. Bourne, MA 02532	Agent	Agents Code/Sub
		Mid-State Insurance Agency Inc. 37 Mechanic Street Worcester, MA 01608	72-3037

Policy Period: From 1-1-03

To 1-1-04

12:01 A.M. Standard Time at your mailing address shown above.

Form of Business:

☒ Corporation ☐ Individual ☐ Partnership ☐ Other _____

Business Description:

Auto Dealership

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

TOTAL POLICY PREMIUM

\$ 111,038.

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 21 (11-85) - Broad Nuclear Exclusion (Not Applicable in New York)

MM0095(9-98) MM9923(9-98) CA7121(3-93) MM9922(9-98) CA2501(12-93) CA7191(11-00)

MM9954(9-98) CA2505(7-97) ST7394(12-02)

GM

This policy shall not be valid unless countersigned by our authorized representative.

COUNTERSIGNED cl 2-7-03

(Date)

BY _____

(Authorized Representative)

GARAGE DECLARATIONS - (Continued)

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section shows which autos are covered autos)	LIMIT	PREMIUM
Compulsory Bodily Injury	21	\$20,000 each person \$40,000 each accident	4,920.
Personal Injury Protection	21	\$8,000 each person	588.
LIABILITY INSURANCE			
COVERED "AUTOS"	21		
Optional Bodily Injury		\$ 1,000,000 each person \$ CSL each accident	14,080.
Property Damage (Compulsory Limit \$5,000)	21	\$ CSL each accident	6,738.
Liability		\$ each accident	
OTHER THAN COVERED "AUTOS"	CGL		1,713.
Liability		\$ 1,000,000 each accident \$ 3,000,000 aggregate	
Medical Payments	21	\$ 5,000	342.
Uninsured Motorists (Compulsory Limits - \$20,000/40,000)	21	\$ 20,000 each person \$ 40,000 each accident	140.
Underinsured Motorists	21	\$ 20,000 each person \$ 40,000 each accident	0.
Garagekeepers Comprehensive Coverage		\$ 300,000 Each Location Minus \$ 500 Ded. For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject to \$ 2,500 Maximum Deductible For All Such Loss In Any One Event.	3,484.
Garagekeepers Specified Causes of Loss Coverage			
Garagekeepers Collision Coverage	30	\$ 300,000 Each Location Minus \$ 500 Ded. For Each Covered Auto.	1,478.
Physical Damage Comprehensive Coverage	31	Actual Cash Value Or Cost Of Repair. Whichever is Less Minus \$ 1,000 Ded. For Each Covered Auto.	65,679.
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value Or Cost Of Repair. Whichever is Less Minus \$ Ded. For Each Covered Auto.	
Physical Damage Collision Coverage	31	Actual Cash Value Or Cost Of Repair. Whichever is Less Minus \$ 1,000 Ded. For Each Covered Auto.	9,963.
Physical Damage Limited Collision Coverage		Actual Cash Value Or Cost Of Repair. Whichever is Less Minus \$ 1,000 Ded. For Each Covered Auto.	1,163.
Hired Auto & DOC		Actual Cash Value Or Cost Of Repair. Whichever is Less Minus \$ 1,000 Ded. For Each Covered Auto.	
Physical Damage Towing and Labor Flat Charge		\$XXXXXXXXXX For Each Occurrence Passenger Auto	750.

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GARAGE DECLARATIONS - (Continued)**ITEM THREE****LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Location No.	Address State your main business location as Location No. 1
1	60 MacArthur Blvd., Bourne, MA 02532
2	418 MacArthur Blvd., Bourne, MA 02532
3	

ITEM FOUR**LIABILITY, PIP, UNINSURED, UNDERINSURED MOTORISTS COVERAGE - PREMIUMS**

Garage Operations - Covered "Auto" Premiums The premiums for these coverages are based on the total number of dealer or repair plates. Specifically registered autos must be rated separately under Item Six.

Location No. 1

Number of Dealer or Repair Plates: _____

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
	2,684.		321.		7,680.		3,675.		76.		0.

Location No. 2

Number of Dealer or Repair Plates: _____

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
	2,236.		267.		6,400.		3,063.		64.		0.

Location No. 3

Number of Dealer or Repair Plates: _____

Compulsory BI		PIP		Optional BI		Property Damage		Uninsured Motorist		Underinsured Motorist	
Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium

LIABILITY COVERAGE**Garage Operations - Other Than Covered "Auto" - Payroll Rating Basis**

Location No.	Estimated Payroll	Rate per \$100 of Payroll	Premium
1	187,200	.779	891.
2	161,200	.779	822.
3			
TOTAL PREMIUM			1,713.

ITEM FIVE**LIABILITY COVERAGE FOR YOUR CUSTOMER**

Under Section IV - Liability Coverage, paragraph a. (2) (d) of **Who is an Insured** does not apply unless indicated below by "X".

☐ If this box is checked, liability coverage for your customers is limited in accordance with the provisions under paragraph a. (2) (d) of **Who is an Insured Under Section IV - Liability Coverage**.

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GARAGE DECLARATIONS - (Continued)

ITEM SIX
SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN) Mass Plate No. Exp. Date	PURCHASED		TERRITORY Town and State Where the Covered Auto will be principally garaged Terr./Zone Code
		Original Cost New	Actual Cost and New (N) Used (U)	
1				
2				
3				
4				
5				

Covered Auto No.	CLASSIFICATION								Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.
	Radius of Operation (in Miles)	Business Use s=service r=retail c=commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code Pre-Insp. Code	
					Liab.	Phy. Dam.			
1									
2									
3									
4									
5									

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	Compulsory Bodily Injury \$20,000 ea. pers. \$40,000 ea. acc.	Personal Injury Protection \$8,000 ea. pers.	Liability				Auto Medical Payments		Uninsured Motorists (Compulsory Limit \$20,000 ea. pers. \$40,000 ea. acc.)		Underinsured Motorists	
			Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)							
			Premium	Premium	*Limits	Premium	*Limits	Premium	*Limits	Premium	*Limits	Premium
1												
2												
3												
4												
5												

Covered Auto No.	**Limit of Liability	†Specified Causes of Loss			Comprehensive		Collision		Limited Collision		Waiver of Deductible	Towing and Labor
		Cov.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.		
1												
2												
3												
4												
5												

* Limit(s) in thousands

** Designate whether ACV, Stated Amount or Agreed Value and except for ACT, the Limit of Liability.

† F = Fire Coverage T = Theft Coverage F & T = Fire and Theft Coverage CAC = Combined Additional Coverage

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GARAGE DECLARATIONS - (Continued)

ITEM SEVEN
GARAGEKEEPERS COVERAGES AND PREMIUMS

Location No.	Coverages	Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)
1	Comprehensive	\$ 300,000 MINUS \$ 500 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ 2,500 MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Specified Causes of Loss	
	Collision	\$ 300,000 MINUS \$ 500 DEDUCTIBLE FOR EACH COVERED AUTO.
2	Comprehensive	\$ 300,000 MINUS \$ 500 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ 2,500 MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Specified Causes of Loss	
	Collision	\$ 300,000 MINUS \$ 500 DEDUCTIBLE FOR EACH COVERED AUTO.
3	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Specified Causes of Loss	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.

Comprehensive	\$ 3,484.
Specified Causes of Loss	\$
Collision	\$ 1,478.

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the Direct coverage Options is indicated below by "X".

DIRECT COVERAGE OPTIONS

- ☐ EXCESS INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "auto's" owner.
- ☐ PRIMARY INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

ITEM EIGHT
DEALERS PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS

Each of the following PHYSICAL DAMAGE coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types of "autos"		Interests covered			
	New "autos"	Used "autos" Demonstrators and Service Vehicles	Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor names as a loss payee	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
Comprehensive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Limited Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Coverages	Limit of Insurance for each Location	Rates	Premium
1	Comprehensive	\$ 6,060,000 MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO SUBJECT TO \$ 5,000 MAXIMUM DEDUCTIBLE FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM IN ANY ONE EVENT.		20,821.
	Specified Causes of Loss			
2	Comprehensive	\$ 13,015,720 MINUS \$ 1,000 DEDUCTIBLE FOR EACH COVERED AUTO SUBJECT TO \$ 5,000 MAXIMUM DEDUCTIBLE FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM IN ANY ONE EVENT.		44,858.
	Specified Causes of Loss			
3	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM IN ANY ONE EVENT.		
	Specified Causes of Loss			
All	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO		9,963.
		BLANKET ANNUAL COLLISION RATES		
		First \$50,000 \$50,001 to \$100,000 Over \$100,000		
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO		
		BLANKET ANNUAL COLLISION RATES		
		First \$50,000 \$50,001 to \$100,000 Over \$100,000		

☐ Collision Waiver of Deductible Coverage applies if this box is checked.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos"

\$ In transit

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GARAGE DECLARATIONS - (Continued)**DEALERS PHYSICAL DAMAGE COVERAGE**

PREMIUM BASIS - Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")

☐ **REPORTING BASIS** (Quarterly or Monthly as indicated below by "X").

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to others and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ **QUARTERLY** You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **MONTHLY** You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☒ **NONREPORTING BASIS.** Stated limit of insurance shown above applies.**Loss Payee - Any loss is payable as interest may appear to you and:****ITEM NINE****MEDICAL PAYMENTS COVERAGE. REFER TO ITEM SIX FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium equals % of the Liability Premium	
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premium equals % of the Liability Premium	
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals 1.5 % of the Liability Premium	342.

ITEM TEN**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.****LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is primary)	PREMIUM
MA	If Any			31.
TOTAL PREMIUM				31.

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS. MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OR REPAIRS OR \$ WHICHEVER IS LESS. MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS. MINUS \$ DED. FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

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